

WHAT DO YOU WANT THE AGENCY TO DO?

WHAT DO YOU WANT THE OMBUDSMAN TO DO?

INFORMATION TO HELP US REVIEW YOUR COMPLAINT:

If your complaint is about the Office of Children’s Services, please provide the names of all the children involved and their dates of birth. Please also provide the name of all the parents involved, and the name of the caseworker assigned.

If your complaint involves a member ID, account number, or case number (for example, child support, student loans, or retirement benefits) please provide it: _____

If your complaint is about the Department of Corrections, please provide your inmate number and facility: inmate number _____ facility _____

Please attach **copies** (not originals) of any documents related to your complaint.

OPTIONAL INFORMATION

The Ombudsman wants to understand better how Alaskans from different ages, backgrounds, and abilities encounter and resolve their problems with government. If you are willing, please answer these questions. ***Choosing not to answer these questions will not affect whether we investigate your complaint.***

AGE 18-34 35-64 65+

GENDER Female Male Other _____

RACE AK Native/Native American/Native Hawaiian African-American White
 Hispanic Pacific Islander Other _____

VETERAN STATUS Have you ever served in the military, reserve or national guard? YES NO

PRIMARY LANGUAGE English AK Native _____ Spanish Other _____

DISABILITY Do you experience a physical, intellectual, or mental disability? YES NO

Please mail your completed complaint form to:

Alaska State Ombudsman
Attention: Intake
333 West 4th Avenue, Suite 305
Anchorage, Alaska 99501
ombud.alaska.gov